

Specialized Treatment Services

IV. DESIGNATED STSFs

A. Regional STSFs

1. Region 1

a. **National Naval Medical Center (NNMC), Walter Reed Army Medical Center (WRAMC), and Malcolm Grow Medical Center (MGMC)**

(1) NNMC, WRAMC, and MGMC Central Paging Number: 1-800-759-8888.

General Surgery: PIN 1653785

Orthopedic Surgery: PIN 1702163

(2) The NNMC, Bethesda, Maryland, WRAMC, Washington, DC, and MGMC, Andrews, AFB, Maryland are designated as Regional STS facilities for General Surgery and Orthopedic Surgery for TRICARE Region 1 for the following procedures and DRGs.

DRG Range:

Effective June 1, 1999, for DRGs:

General Surgery

191 - Pancreas, Liver and Shunt Procedures with CC (Complications or Comorbidities)

286 - Adrenal and Pituitary Procedures (adrenal only)

Orthopedic Surgery

209 - Major joint/limb reattachment procedures lower extremity

491 - Major joint/limb reattachment procedures upper extremity

CPT-4 Procedure Code Range:

Effective June 1, 1999, for codes:

DRG 191:

CPT codes 37140 - 37160, 47120 - 47130, 47700 - 47701, 48120 - 48150, 48180.

DRG 209:

CPT codes 20838, 27030 - 27033, 27090 - 27091, 27122 - 27140, 27437 - 27440, 27442, 27445 - 27447, 27450, 27486 - 27488.

DRG 286 (Adrenal):

CPT codes 60540 - 60545.

DRG 491:

CPT codes 20802 - 20827, 23331 - 23332, 23470 - 23472, 24360 - 24366, 25441 - 25446, 25449.

(3) The STSF Catchment Area covering TRICARE Region 1 is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The Catchment Area includes zip codes within TRICARE Region 1 in the states of Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, and the District of

Columbia that fall within a 200-mile radius of the midpoint of a line between WRAMC and NNMC. See [Section I.D.](#) of this Chapter.

(4) Effective for admissions on or after June 1, 1999, DoD beneficiaries who reside in the STSF catchment area for TRICARE Region 1 must be evaluated by NNMC, WRAMC, or MGMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [Section IV.A.1.a.\(2\)](#) of this Chapter. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by NNMC, WRAMC, or MGMC as provided in [Section I.C.](#) of this Chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to NNMC, WRAMC, or MGMC.

(5) If the STS cannot be provided at NNMC, WRAMC or MGMC, the facility will provide a medical necessity review prior to issuance of a Nonavailability Statement. Also, see the **NOTE** under [Section III.A.9.](#) of this Chapter.

b. National Naval Medical Center (NNMC) and Walter Reed Army Medical Center (WRAMC)

(1) NNMC and WRAMC Central Paging Number:
1-800-759-8888.

Neurosurgery:	PIN 1103437
Otorhinolaryngology (ENT):	PIN 1701595
Gynecologic Oncology:	PIN 1653165

(2) The NNMC, Bethesda, Maryland, and WRAMC, Washington, DC, are designated the Regional STS facilities for Neurosurgery, Otorhinolaryngology Surgery, and Gynecologic Oncology Surgery for TRICARE Region 1 for the following procedures and DRGs.

DRG Range:
Effective June 1, 1999, for DRGs:

Neurosurgery
001 - Craniotomy, age greater than 17 except for trauma
003 - Craniotomy, age 0 - 17
004 - Spinal procedures
286 - Adrenal and Pituitary Procedures (pituitary only)

Otorhinolaryngology Surgery
049 - Major head and Neck procedures

Gynecologic Oncology Surgery
357 - Uterine and Adnexa Procedures for Ovarian or Adnexal Malignancy

CPT-4 Procedure Code Range:
Effective June 1, 1999, for codes:

DRG 001 and DRG 003:
CPT codes 61105, 61120 - 61156, 61215 - 61575, 61580 - 62258.

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DRG 004:

CPT Codes 20930 - 20938, 22305 - 22328, 22548 - 22585, 22590 - 22830, 22840 - 22855, 63001 - 63746.

DRG 049:

CPT codes 15732 - 15734, 15756 - 15760, 15840 - 15845, 21015 - 21030, 21034, 21041 - 21045, 21076 - 21100, 21120 - 21123, 21179 - 21184, 21210, 21230 - 21235, 21270, 21338 - 21470, 21501, 21556, 21557, 30115 - 30118, 30125, 30150 - 30160, 30540 - 30545, 30580 - 30600, 31030 - 31040, 31075 - 31090, 31225 - 31230, 31290 - 31420, 31580 - 31595, 31611, 31750, 31780 - 31785, 38542 - 38555, 38700 - 38724, 40525 - 40530, 40652 - 40654, 40761, 40801, 40805, 40814 - 40816, 40845, 41114, 41120 - 41155, 42120, 42410 - 42450, 42507 - 42510, 42815, 42842 - 42845, 42890 - 42894, 43030, 69950 - 69979.

DRG 286 (Pituitary):

CPT codes 61546 - 61548.

DRG 357:

CPT codes 57291, 57292, 57531, 58210, 58240, 58943, 58950, 58951, 58952, 58960.

(3) The STSF Catchment Area covering TRICARE Region 1 is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The Catchment Area includes zip codes within TRICARE Region 1 in the states of Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, and the District of Columbia that fall within a 200-mile radius of the midpoint of a line between WRAMC and NNMC. See [Section I.D.](#) of this Chapter.

(4) Effective for admissions on or after June 1, 1999, DoD beneficiaries who reside in the STSF catchment area for TRICARE Region 1 must be evaluated by NNMC or WRAMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [Section IV.A.1.b.\(2\)](#), of this Chapter. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by NNMC or WRAMC as provided in [Section I.C.](#) of this Chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to NNMC or WRAMC.

(5) If the STS cannot be provided at NNMC or WRAMC, the facility will provide a medical necessity review prior to issuance of a Nonavailability Statement. Also, see the **NOTE** under [Section III.A.9.](#) of this Chapter.

2. Region 3

a. Eisenhower Army Medical Center (EAMC)

(1) EAMC STSF Telephone Number: (706) 787-6714.

(2) Effective for admissions on or after March 1, 1997, EAMC, Fort Gordon, Georgia, is designated a regional STSF for cardiac surgery and interventional cardiology for the following CPT codes and DRGs:

DRG Range:

- 104 - Cardiac valve procedure with cardiac cath
- 105 - Cardiac valve procedure without cardiac cath
- 106 - Coronary bypass with *PTCA*
- 107 - Coronary bypass without cardiac cath
- 108 - Other cardiothoracic procedures
- 109 - Coronary bypass without cardiac cath*
- 112 - Percutaneous cardiovascular procedures

CPT-4 Procedure Code Range:

- 33400-33690 (cardiovascular systems)
- 92975-92996 (cardiovascular therapeutic services)

(3) *Effective for admissions on or after June 1, 1999, EAMC is also designated a Regional STSF for Neurosurgery, Orthopedic Surgery, General Surgery, Peripheral Vascular Surgery, and Head and Neck Surgery for the following CPT codes and DRGs:*

DRG Range:

- 001 - Craniotomy, Age Greater than 17, Except for Trauma*
- 004 - Spinal Procedures*
- 049 - Major Head and Neck procedures*
- 110 - Major Cardiovascular Procedures with CC*
- 111 - Major Cardiovascular Procedures without CC*
- 191 - Pancreas, Liver and Shunt Procedures with CC*
- 209 - Major Joint and Limb Reattachment Procedures of Lower Extremity*
- 286 - Adrenal and Pituitary Procedures*
- 491 - Major Joint and Limb Reattachment Procedures of Upper Extremity*

*CPT-4 Procedure Code Range:**DRG 001:*

CPT codes 20220, 20660, 20661, 61140, 61304 - 61576, 61609 - 61612, 61613, 61618, 61619, 61680 - 61692, 61700 - 61711, 61850 - 61875, 62000 - 62117, 62120, 62121, 62140 - 62147, 62180, 62190, 62192, 62194, 62200, 62201, 62220, 62223, 62225, 62230, 62256, 62258, 64722, 64999.

DRG 004:

CPT codes 19260, 19271, 21600, 21620, 21630, 22220 - 22226, 22325 - 22328, 22548 - 22855, 23120, 23125, 23190, 23200, 23210, 62280 - 62282, 63001 - 63091, 63185, 63190, 63194 - 63199, 63265 - 63273, 63275 - 63290, 63300 - 63308, 63650, 63655, 63660, 63685, 63688, 63700 - 63709, 63740, 63741, 63744, 63746, 64999.

DRG 049:

CPT codes 21040 - 21215, 21557, 31300, 31368, 31370 - 31382, 31390, 38720, 38724, 41135, 41140, 41145, 41155, 42120, 42160, 42426.

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DRGs 110 and 111:

CPT codes 33020, 33025, 33030, 33031, 33300, 33305, 33420, 33470, 33471, 33860 - 33877, 33970, 33973, 33975, 33976, 33999, 34151, 34201, 34401, 34421, 34451, 35021, 35022, 35081 - 35142, 35311, 35321, 35331 - 35363, 35526, 35531, 35536 - 35551, 35560 - 35565, 35612, 35616, 35626, 35631 - 35641, 35646, 35651, 35663, 35665, 35820, 35840, 37140 - 37181, 37617, 37620, 37660, 37799.

DRG 191:

CPT codes 37140 - 37181, 47010, 47120, 47122, 47125, 47130, 47300, 47350, 47360 - 47362, 47399, 47400, 47420, 47425, 47460, 48020, 48120, 48140 - 48146, 48150 - 48154, 48155, 48180, 48500, 48510, 48540, 48545, 48999, 49425, 49426.

DRG 209:

CPT codes 27125, 27130, 27134, 27137, 27138, 27447, 27486, 27487, 27702.

DRG 286:

CPT codes 60540, 60699, 61546, 61548, 64999.

DRG 491:

CPT codes 23470, 23472, 24363, 25446.

(4) The EAMC STSF catchment area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within the TRICARE Region 3 that fall within a 200-mile radius of EAMC. (See [Section I.D.](#) of this Chapter.)

(5) Effective for admissions on or after March 1, 1997, DoD beneficiaries who reside in the EAMC STSF catchment area must be evaluated by EAMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [Section IV.A.2.a.\(2\)](#), of this Chapter. *Effective for admissions on or after June 1, 1999, the beneficiaries must also be evaluated by EAMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in for admissions on or after June 1, 1999, the beneficiaries must also be evaluated by EAMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [Section IV.A.2.a.\(3\)](#) of this Chapter.* Evaluation in person is preferred, and travel and lodging expenses for the evaluation will be reimbursed by EAMC as provided in [Section I.C.](#) of this Chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to EAMC.

(6) If the STS cannot be provided at EAMC, *the contractor for TRICARE Region 3* will provide a medical necessity review *prior* to issuance of an STSF NAS or other authorization. Also, see *the NOTE* under [Section III.A.9.](#) of this Chapter.

b. Naval Hospital Jacksonville (NAVHOSPJAX)

(1) NAVHOSPJAX Telephone Number: (904) 777-7372.

(2) The NAVHOSPJAX, Jacksonville, Florida, is designated a Regional STSF for total joint replacement for the following procedures and DRGs:

DRG Range:

Effective June 1, 1999, for DRGs:

209 - Major Joint and Limb Reattachment Procedures of Lower Extremity

491 - Major Joint and Limb Reattachment Procedures of Upper Extremity

CPT-4 Procedure Code Range:

Effective June 1, 1999, for codes:

DRG 209:

CPT codes 27125, 27130, 27132, 27134, 27137, 27138, 27310, 27380 - 27386, 27425, 27447, 27486, 27487, 27702.

DRG 491:

CPT codes 20802, 23470, 23472.

(3) The NAVHOSPJAX STSF Catchment Area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within TRICARE Region 3 that fall within a 200 mile radius South and West of NAVHOSPJAX. See [Section I.D.](#) of this Chapter.

(4) Effective for admissions on or after June 1, 1999, DoD beneficiaries who reside in the NAVHOSPJAX STSF catchment area must be evaluated by NAVHOSPJAX before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [Section IV.A.2.b.\(2\)](#), of this Chapter. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by NAVHOSPJAX as provided in [Section I.C.](#) of this Chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to NAVHOSPJAX.

(5) If the STS cannot be provided at NAVHOSPJAX, the contractor for TRICARE Region 3 will provide a medical necessity review prior to issuance of a Nonavailability Statement or other authorization. Also, see the **NOTE** under [Section III.A.9.](#) of this Chapter.

3. Region 4

a. Keesler Medical Center for Neonatal Intensive

Care

(1) Keesler Medical Center STSF Telephone Number: **(228)** 377-6228 or 6229.

(2) Keesler Medical Center, Keesler Air Force Base, *Biloxi*, Mississippi, is designated a regional STSF for neonatal intensive care. This designation covers the following *procedure codes and* Diagnosis Related Groups (DRGs):

CPT-4 Procedure Code Range:

Effective May 1, 1998, for codes:

99295 - 99297

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DRG Range:

Effective May 1, 1998, for DRGs:

- 370 - Cesarean section with comorbidity/complications
- 372 - Vaginal delivery with complicating diagnoses
- 383 - Other antepartum diagnoses with medical complications
- 604 - Neonate, birth weight 750-999g, discharged alive
- 607 - Neonate, birth weight 1000-1499g, without significant operating room procedures, discharged alive
- 611 - Neonate, birth weight 1500-1999g, without significant operating room procedures, with multiple major problems
- 612 - Neonate, birth weight 1500-1999g, without significant operating room procedures, with major problem
- 613 - Neonate, birth weight 1500-1999g, without significant operating room procedures, with minimal problems
- 617 - Neonate, birth weight 2000-2499g, without significant operating room procedures, with multiple major problems
- 618 - Neonate, birth weight 2000-2499g, without significant operating room procedures, with major problem
- 622 - Neonate, birth weight over 2499g, with significant operating room procedures, with multiple major problems
- 626 - Neonate, birth weight over 2499g, without significant operating room procedures, with multiple major problems
- 636 - Neonatal diagnosis, age over twenty-eight (28) days

(3) The Keesler Medical Center STSF catchment area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within TRICARE Region 4 that fall within a 200-mile radius of the Keesler Medical Center. (See Section I.D. of this Chapter.)

(4) Effective for admissions on or after May 1, 1998, DoD beneficiaries who reside in the Keesler Medical Center STSF catchment area must be evaluated by Keesler Medical Center before receiving TRICARE cost-sharing for neonatal intensive care that fall under the DRGs identified in Section IV.A.3.a.(2) of this Chapter. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by Keesler Medical Center as provided in Section I.C. of this Chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to Keesler Medical Center.

(5) If the STS cannot be provided at Keesler Medical Center, the facility will provide a medical necessity review prior to issuance of an STSF NAS. Also, see the **NOTE** under Section III.A.9. of this Chapter.

b. Keesler Medical Center for Cardiac Surgery

(1) Keesler Medical Center STSF Telephone Number: (228) 377-6663.

(2) Keesler Medical Center, Keesler Air Force Base, Biloxi, Mississippi, is designated a regional STSF for cardiac surgery for TRICARE Region 4. This designation covers the following procedure codes and Diagnosis Related Groups (DRGs):

CPT-4 Procedure Code Range:

Effective May 1, 1998, for codes:

33010-37799 (cardiovascular systems) excluding codes 36400 - 36600

DRG Range:

Effective May 1, 1998, for DRGs:

104 - Cardiac valve procedure with cardiac cath

105 - Cardiac valve procedure without cardiac cath

106 - Coronary bypass with PTCA

107 - Coronary bypass without cardiac cath

108 - Other cardiothoracic procedures

109 - Coronary bypass without cardiac cath

110 - Major cardiovascular procedures with CC

111 - Major cardiovascular procedures without CC

112 - Percutaneous cardiovascular procedures

124 - Circulatory diseases except acute myocardial infarction, with cardiac cath and complex diagnoses

125 - Circulatory diseases except acute myocardial infarction, with cardiac cath without complex diagnoses

(3) The Keesler Medical Center STSF catchment area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within TRICARE Region 4 that fall within a 200-mile radius of the Keesler Medical Center. (See Section I.D. of this Chapter.)

(4) Effective for admissions on or after May 1, 1998, DoD beneficiaries who reside in the Keesler Medical Center STSF catchment area must be evaluated by Keesler Medical Center before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in Section IV.A.3.b.(2) of this Chapter. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by Keesler Medical Center as provided in Section I.C. of this Chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to Keesler Medical Center.

(5) If the STS cannot be provided at Keesler Medical Center, the facility will provide a medical necessity review prior to issuance of an STSF NAS. Also, see the NOTE under Section III.A.9. of this Chapter.

c. Keesler Medical Center for General Surgery, Orthopedic Surgery, Neurosurgery, Otorhinolaryngology Surgery, and Gynecologic Oncology Surgery

(1) Keesler Medical Center STSF Telephone Number: (800) 841-0950.

(2) Keesler Medical Center, Keesler Air Force Base, Biloxi, Mississippi, is designated a regional STSF for General Surgery, Orthopedic Surgery,

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Neurosurgery, Otorhinolaryngology Surgery, and Gynecologic Oncology Surgery for TRICARE Region 4. This designation covers the following procedure codes and Diagnosis Related Groups (DRGs):

DRG Range:

Effective June 1, 1999, for DRGs:

Neurosurgery

001 - Craniotomy, age greater than 17 except for trauma

003 - Craniotomy, age 0 -17

004 - Spinal procedures

286 - Adrenal and pituitary procedures (pituitary only)

Otorhinolaryngology Surgery

049 - Major Head and Neck procedures

General Surgery

191 - Pancreas, Liver and Shunt Procedures with CC

286 - Adrenal and Pituitary Procedures (Adrenal only)

Orthopedic Surgery

209 - Major Joint and Limb Reattachment Procedures of Lower Extremity

491 - Major Joint and Limb Reattachment Procedures of Upper Extremity

Gynecologic Oncology Surgery

357 - Uterine and Adnexa Procedures for Ovarian or Adnexal Malignancy

CPT-4 Procedure Code Range:

Effective June 1, 1999, for codes:

DRGs 001 and 003:

CPT codes 21181, 61000, 61001, 61105 - 61108, 61120, 61154, 61253, 61304, 61305, 61312 - 61315, 61320, 61330, 61332, 61333, 61340, 61345, 61440, 61458, 61460, 61490, 61500, 61501, 61510, 61512, 61514, 61516, 61518 - 61530, 61546, 61548, 61563, 61570, 61575, 61576, 61580 - 61585, 61590 - 61606, 61608, 61609, 61618, 61619, 61680 - 61692, 61700 - 61705, 61711, 62000, 62005, 62010, 62115, 62116, 62120, 62121, 62140, 62142, 62143, 62180, 62225, 62230, 62256, 62258, 64716, 64999.

DRG 004:

CPT codes 20930, 20931, 20936, 20937, 22325 - 22328, 22554, 22556, 22558, 22585, 22610, 22612, 22614, 22630, 22632, 22899, 62287, 63001 - 63042, 63075 - 63091, 63170 - 63173, 63185 - 63200, 63250 - 63290, 63300 - 63308, 63700 - 63709, 63740 - 63746.

DRG 049:

CPT codes 20955, 21040 - 21045, 21070, 21209, 21246, 21249, 31367 - 31382, 31560, 31561, 38308, 38542, 38555, 38724, 41135 - 41155, 42120, 42426, 60000, 60200, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271, 60280, 60281, 60500, 60502, 60505, 60512, 60520, 60521, 60522, 60540, 60545, 60600, 60605, 60699, 69930.

DRG 191:

CPT codes 47000, 47001, 47100 - 47130, 47399, 47400, 47460, 47480, 47500, 47510, 47511, 47550 - 47556, 47720, 47721, 47765, 47802, 48000 - 48020, 48100, 48120 - 48146, 48150 - 48154, 48510, 48999, 49425, 49426.

DRG 209:

CPT codes 27000, 27125, 27130 - 27134, 27138, 27447, 27486, 27487, 27702.

DRG 286:

CPT codes 37617, 49010, 49060, 49200, 49201, 60540, 60545, 60699, 61250, 61304, 61510, 61546, 61548, 64772.

DRG 357:

CPT codes 51920, 51925, 56300, 56302 - 56309, 56343, 56350, 56351, 56354, 56399, 57531, 58100, 58140 - 58280, 58340, 58345, 58615, 58700, 58720, 58740, 58750, 58770, 58800 - 58825, 58900 - 58960, 58999, 59121, 59135 - 59150, 59350, 59525.

DRG 491:

CPT codes 20802 - 20808, 23470, 23472, 23616, 24361 - 24363, 25441, 25446.

(3) The STS Catchment Area covering TRICARE Region 4 is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The Catchment Area includes zip codes within TRICARE Region 4 that fall within a 200-mile radius of Keesler Medical Center. See [Section I.D.](#) of this Chapter.

(4) Effective for admissions on or after June 1, 1999, DoD beneficiaries who reside in the STS catchment area for TRICARE Region 4 must be evaluated by Keesler Medical Center before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [Section IV.A.3.c.\(2\)](#) of this Chapter. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by Keesler Medical Center as provided in [Section I.C.](#) of this Chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to Keesler Medical Center.

(5) If the STS cannot be provided at Keesler Medical Center, the facility will provide a medical necessity review prior to issuance of a Nonavailability Statement. Also, see the NOTE under [Section III.A.9.](#) of this Chapter.

4. Region 6

a. Brooke Army Medical Center (BAMC) and Wilford Hall Medical Center (WHMC) (Destination San Antonio Facilities)

(1) Telephone Number for Neurosurgery (DRGs 001, 003, and 004): BAMC, Fort Sam Houston, Texas, (210) 916-3203/2225.

(2) Telephone Number for Otorhinolaryngology Surgery (DRG 049), General Surgery (DRG 191), Orthopedic Surgery (DRGs 209 and 491) and Adrenal and Pituitary Procedures (DRG 286): WHMC, Lackland Air Force Base, Texas: (210) 292-6002.

(3) Telephone Number for Cardiothoracic Surgery (DRGs 104 - 107 and 110 and 111): BAMC, Fort Sam Houston, Texas, (210) 218-5538.

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(4) Telephone Number for Gynecologic Oncology Surgery (DRG 357): BAMC, Fort Sam Houston, Texas, (210) 916-2525.

(5) BAMC and WHMC, referred to as Destination San Antonio, are designated the Regional STS facilities for General Surgery, Neurosurgery, Otorhinolaryngology Surgery, Cardiothoracic Surgery, Orthopedic Surgery, and Gynecologic Oncology Surgery for TRICARE Region 6 for the following procedures and DRGs.

DRG Range:

Effective June 1, 1999, for DRGs:

001 - Craniotomy, Age Greater than 17, Except for Trauma
 003 - Craniotomy, Age 0 - 17
 004 - Spinal Procedures
 049 - Major Head and Neck Procedures
 104 - Cardiac Valve Procedure with Cardiac Cath
 105 - Cardiac Valve Procedure without PTCA
 106 - Coronary Bypass with PTCA
 107 - Coronary Bypass with Cardiac Cath
 109 - Coronary Bypass without Cardiac Cath
 110 - Major Cardiovascular Procedures with CC
 111 - Major Cardiovascular Procedures without CC
 191 - Pancreas, Liver and Shunt Procedures with CC
 209 - Major Joint and Limb Reattachment Procedures of Lower Extremity
 286 - Adrenal and Pituitary Procedures
 357 - Uterine and Adnexa procedures for Ovarian or Adnexal Malignancy
 491 - Major Joint and Limb Reattachment Procedures of Upper Extremity

CPT-4 Procedure Code Range:

Effective June 1, 1999:

DRGs 001 and 003:

CPT codes 61304 - 61522, 61556, 61558, 61582, and 61591.

DRG 004:

CPT codes 10180, 12021, 13160, 20680, 20930 - 20938, 20975, 22548 - 22558, 22600, 22612 - 22630, 22842, 22845, 22855, 61615, 62190 - 62192, 62270 - 62272, 63001 - 63005, 63015 - 63017, 63020 - 63045, 63047 - 63048, 63064, 63075 - 63076, 63081 - 63088, 63172 - 63173, 63185, 63200, 63265 - 63267, 63275 - 63277, 63280 - 63282, 63285 - 63287, 63600 - 63615, 63650, 63660, 63700 - 63707, 63740, and 95925.

DRG 049:

CPT codes 15570 - 15576, 15732 - 15734, 15756 - 15770, 15840 - 15845, 21015 - 21025, 21029, 21034, 21041 - 21050, 21070 - 21088, 21100 - 21110, 21338 - 21355, 21360 - 21390, 21400 - 21436, 21445, 21454 - 21462, 21470, 21501, 21550 - 21556, 21720, 31081, 31085, 31087, 31225 - 31230, 31290 - 31291, 31300, 31360 - 31420, 31580 - 31584, 31587, 31590, 38505 - 38520, 38542 - 38555, 38700 - 38724, 39000, 40525 - 40530, 40652 - 40761, 40801 - 40805, 40810, 40814 - 40816, 40845, 41000 - 41009, 41015 - 41018, 41105, 41110, 41113 - 41114, 41120 - 41155, 42120, 42160, 42410 - 42426, 42815, 42842, 42892 - 42894, 61580 - 61619, 69930, 92506 - 92510, 92520 - 92526, 92582 - 92589, and 92597 - 92598.

DRGs 104-107, 109, 110-111:
CPT codes 33010 - 33999.

DRG 191:
CPT codes 47715, 47720, 47740, 47760 - 47780, 47800, 48120 - 48140, 48150, and 48155.

DRG 209:
CPT codes 27030 - 27033, 27087 - 27091, 27125 - 27140, 27165, 27236, 27310, 27380 - 27386, 27425, 27438, 27446 - 27447, 27450, 27457, 27486 - 27488, 27570 - 27580, and 64712.

DRG 286:
CPT codes 61546 - 61548.

DRG 357:
CPT codes 57531, 58200, 58210, 58240, 58943, 58950 - 58952, and 58960.

DRG 491:
CPT codes 20802 - 20827, 23470, 23472, 24360, 24365, and 24366.

(6) The WHMC and BAMC (Destination San Antonio) STSF catchment area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within TRICARE Region 6 and these zip codes are within a 200-mile radius from the center of the zip code determined to be the midpoint between WHMC and BAMC. See [Section I.D.](#) of this Chapter.

(7) Effective for admissions on or after June 1, 1999, DoD beneficiaries who reside in the STS catchment area for TRICARE Region 6 must be evaluated by Destination San Antonio STSFs before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [Section IV.A.4.a.\(5\)](#), of this Chapter. The telephone number for the STSF for each specialty is provided in this section, above. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by the STSF as provided in [Section I.C.](#) of this Chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to the STSF.

(8) If the STS cannot be provided at the Destination San Antonio facilities, the contractor for TRICARE Region 6 will provide a medical necessity review prior to issuance of a Nonavailability Statement or other authorization. Also, see the **NOTE** under [Section III.A.9.](#) of this Chapter.

5. Region 9

a. Naval Medical Center San Diego (NMCS D)

(1) NMCS D STSF Telephone Number: (619) 532-5573.

(2) NMCS D, California, is designated a Regional STS facility for General Surgery, Neurosurgery, Otorhinolaryngology Surgery, Cardiothoracic Surgery, Orthopedic Surgery, and Gynecologic Oncology Surgery for TRICARE Region 9 for the following procedures and DRGs:

Specialized Treatment Services

IV.A.5.a.(2)

DRG Range:

Effective June 1, 1999, for DRGs:

001 - Craniotomy, Age Greater than 17, Except for Trauma
 003 - Craniotomy, Age 0 - 17
 004 - Spinal Procedures
 049 - Major Head and Neck Procedures
 104 - Cardiac Valve Procedure with Cardiac Cath
 105 - Cardiac Valve Procedure without Cardiac Cath
 106 - Coronary Bypass with PTCA
 107 - Coronary Bypass with Cardiac Cath
 109 - Coronary Bypass without Cardiac Cath
 110 - Major Cardiovascular Procedures with CC
 111 - Major Cardiovascular Procedures without CC
 191 - Pancreas, Liver and Shunt Procedures with CC
 209 - Major Joint and Limb Reattachment Procedures of Lower Extremity
 286 - Adrenal and Pituitary Procedures
 357 - Uterine and Adnexa Procedures for Ovarian or Adnexal Malignancy
 491 - Major Joint and Limb Reattachment Procedures of Upper Extremity

CPT-4 Procedure Code Range:

Effective June 1, 1999:

DRGs 001 and 003:

CPT codes 20220, 20240, 20660 - 20664, 21181, 33500, 33501, 35002, 35005, 35011, 35013, 35021, 35022, 35045, 35081, 35082, 35091, 35092, 35102, 35103, 35111, 35112, 35121, 35122, 35131, 35132, 35141, 35142, 35151, 35152, 35161, 35162, 35180, 35182, 35184, 35188 - 35190, 35508, 35601, 35642, 36834, 37181, 37607, 37720, 37730, 37785, 37799, 42999, 60699, 61000, 61001, 61105 - 61108, 61120 - 61150, 61154, 61210, 61250, 61253, 61304 - 61312, 61314, 61321, 61330 - 61334, 61340, 61345, 61440, 61470 - 61548, 61552 - 61559, 61563, 61570, 61571, 61575, 61576, 61580 - 61585, 61590 - 61592, 61595 - 61598, 61600, 61601, 61605, 61606, 61608, 61613, 61615, 61616, 61618, 61619, 61624, 61680, 61682, 61684, 61690, 61692, 61703, 61705, 61708, 61710, 61720, 61735, 61760, 61770, 61795, 61850, 61855, 61860, 61865, 61870, 61875, 61880, 61885, 61888, 62000, 62005, 62010, 62100, 62115, 62116, 62117, 62120, 62121, 62140, 62142, 62143, 62145, 62146, 62147, 62180, 62190, 62192, 62194, 62200, 62201, 62220, 62223, 62225, 62230, 62256, 62258, 63707, 63710, 64716, 64727, 64999, 95961, 95962.

DRG 004:

CPT codes 20930 - 20938, 21600 - 21620, 21630, 21632, 21705, 22325 - 22328, 22548 - 22585, 22590 - 22632, 22800 - 22812, 22830, 22840, 22842, 22899, 23120 - 23130, 23180, 23182, 23190, 23200, 23210, 23929, 24999, 25999, 26989, 27299, 27899, 28899, 32900, 61343, 61575, 62268, 62269, 62287, 62292, 62294, 62351, 62355, 63001 - 63048, 63055 - 63057, 63066, 63075 - 63091, 63170 - 63200, 63250 - 63290, 63300 - 63308, 63600 - 63615, 63650 - 63688, 63700 - 63709, 63740 - 63746, 64772, 64999, 95971.

DRG 049:

CPT codes 21026, 31225, 31360, 31365, 31367 - 31382, 31390, 31395, 31560, 31561, 38308, 38542, 38555, 38724, 41135 - 41155, 42120, 42426, 51575, 51585, 51595, 54130, 54135, 56640, 57531, 58210, 60254, 69155.

DRGs 104 and 105:

CPT codes 33240, 33246, 33247, 33249, 33400 - 33413, 33415, 33425 - 33430, 33460 - 33468, 33472 - 33478, 33600, 33602, 33660, 33665, 33732, 33920, 36013, 76499, 93501, 93510, 93511, 93514, 93526 - 93533, 93539, 93540, 93542, 93543, 93602, 93603, 93607, 93610 - 93642, 93660, 93737, 93738.

DRGs 106, 107 and 109:

CPT codes 33510 - 33523, 33533 - 33536, 33999, 36013, 76499, 92975, 92982, 92984, 92995, 92996, 93501, 93510, 93511, 93514, 93526 - 93533, 93539, 93540, 93542, 93543.

DRGs 110 and 111:

CPT codes 20101, 32659 - 32661, 33020 - 33031, 33223, 33241 - 33245, 33247, 33249, 33253, 33300, 33305, 33415, 33416, 33420, 33470, 33471, 33606, 33684, 33688, 33690, 33750 - 33767, 33802, 33803, 33820 - 33851, 33860 - 33863, 33877, 33910, 33915, 33916, 33960, 33961, 33970, 33973, 33975, 33976, 33999, 34051 - 34201, 34401 - 34490, 34510, 34520, 35001 - 35162, 35211, 35241, 35271, 35311, 35331 - 35363, 35506, 35507, 35509, 35511, 35515, 35526, 35536 - 35551, 35560, 35563, 35565, 35582, 35601, 35612, 35626, 35631, 35636, 35641, 35645, 35646, 35651, 35663, 35665, 35905, 35907, 36245, 36821, 36834, 37140 - 37181, 37616, 37617, 37788, 37790, 37799, 39000, 39010, 61613, 92970, 92971, 93536, 93543 - 93545.

DRG 191:

CPT codes 35636, 36821, 37140 - 37181, 47010, 47011, 47120 - 47130, 47134, 47300, 47350, 47360, 47399, 47460, 47620, 47802, 48000, 48005, 48020, 48140, 48145, 48146, 48150 - 48180, 48510, 48520, 48540, 48545, 48556, 48999, 49425, 49426.

DRG 209:

CPT codes 20838, 27125, 27130, 27132, 27134, 27137, 27138, 27447, 27486, 27487, 27599, 27702.

DRG 286:

CPT codes 37617, 49010, 49060, 49201, 60540, 60545, 60699, 61250, 61304, 61510, 61546, 61548, 61735, 64772.

DRG 357:

CPT codes 51920, 51925, 56300, 56302 - 56309, 56343, 56344, 56351, 56354, 56356, 56399, 57531, 58100, 58140 - 58280, 58340, 58345, 58520, 58540, 58615, 58700, 58740 - 58770, 58800 - 58825, 58900 - 58943, 58951, 58960, 58970, 58999, 59100 - 59121, 59135 - 59151, 59350, 59525, 64999.

DRG 491:

CPT codes 20802, 20805, 20808, 23470, 23472, 23616, 24361 - 24363, 25446.

(3) The NMCS D STSF catchment area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within TRICARE Region 9 in California and Yuma, Arizona, that fall within a 200-mile radius of NMCS D. See [Section I.D.](#) of this Chapter.

Specialized Treatment Services

IV.A.5.a.(4)

(4) Effective for admissions on or after June 1, 1999, DoD beneficiaries who reside in the NMCS D STSF catchment area must be evaluated by NMCS D before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in Section IV.A.5.a.(2), of this Chapter. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by NMCS D as provided in Section I.C. of this Chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to NMCS D.

(5) If a patient is referred by the network and the STS cannot be provided at NMCS D, the contractor for TRICARE Region 9 will provide a medical necessity review prior to issuance of a Nonavailability Statement or other authorization. If the patient is referred by another MTF, NMCS D will provide a medical necessity review prior to issuance of a NAS. Also, see the **NOTE** under Section III.A.9. of this Chapter.

(6) The contractor for TRICARE Region 9 shall provide:

(a) Two Registered Nurses to serve as on-site Case Managers for activities pertinent to the NMCS D STS program, and

(b) An on-site Administrative Assistant to assist the Case Managers in activities pertinent to the NMCS D STS program. The NMCS D shall provide space and equipment for the Case Manager and Administrative Assistant for activities pertinent to the STS program.

6. Region 10

a. David Grant Medical Center (DGMC)

(1) DGMC STSF Telephone Number: (707) 423-7545.

(2) DGMC, Fairfield, California, is designated a Regional STS facility for General Surgery, Neurosurgery, Otorhinolaryngology Surgery, Cardiovascular Surgery, Orthopedic Surgery, and Gynecologic Oncology Surgery for TRICARE Region 10 for the following procedures and DRGs.

DRG Range:

Effective June 1, 1999, for DRGs:

001 - Craniotomy, Age Greater than 17, Except for Trauma

003 - Craniotomy, Age 0 - 17

004 - Spinal Procedures

049 - Major Head and Neck Procedures

110 - Major Cardiovascular Procedures with CC

111 - Major Cardiovascular Procedures without CC

191 - Pancreas, Liver and Shunt Procedures with CC

209 - Major Joint and Limb Reattachment Procedures of Lower Extremity

286 - Adrenal and Pituitary Procedures

357 - Uterine and Adnexa Procedures for Ovarian or Adnexal Malignancy

491 - Major Joint and Limb Reattachment Procedures of Upper Extremity

CPT-4 Procedure Code Range:

Effective June 1, 1999:

DRGs 001 and 003:

CPT codes 61304, 61305, 61330, 61332, 61333, 61458, 61460, 61500, 61510, 61512, 61518 - 61521, 61524 - 61526, 61530, 61546, 61548, 61563, 61575, 61576, 61580 - 61585, 61590 - 61592, 61595 - 61598, 61600, 61601, 61605, 61606, 61608, 61609, 61680 - 61692, 61700, 61702, 61705, 61711.

DRG 004:

CPT codes 63173, 63250 - 63252, 63265, 63266, 63270 - 63281, 63283 - 63290, 63300 - 63308.

DRG 049:

CPT codes 20955, 21040 - 21045, 21070, 21209, 21246, 31367 - 31382, 31560, 31561, 38308, 38542, 38555, 38724, 41135 - 41155, 42120, 42426, 60254.

DRGs 110-111:

CPT codes 33802, 33803, 33915, 34051-34201, 34401-34490, 35001-35112, 35122-35162, 35341-35363, 35506, 3507, 35511, 35526, 35536-35551, 35560-35565, 35582, 35601, 35612, 35626-35641, 35645, 35646, 35651, 35663, 35665, 35907, 36245, 37140-37181, 37617.

DRG 191:

CPT codes 47000, 47001, 47100-47130, 47399, 47400, 47460, 47480, 47500, 47510, 47511, 47550-47556, 47720, 47721, 47765, 47802, 48000-48020, 48100, 48120-48146, 48150-48154, 48510, 48999, 49425, and 49426.

DRG 209:

CPT codes 27000, 27125, 27130, 27447.

DRG 286:

CPT codes 49010, 49060, 49200, 49201, 60540, 60545, 60699, 61250, 61304, 61510, 61546, 61548, and 64772.

DRG 357:

CPT codes 51920, 51925, 56300, 56302 - 56309, 56343, 56350, 56351, 56354, 56399, 58100, 58140 - 58280, 58340, 58345, 58615, 58700, 58720, 58740, 58750, 58770, 58800 - 58825, 58900 - 58960, 58999, 59121, 59135 - 59150, 59350, 59525.

DRG 491:

CPT codes 23470, 23472, 23616, 24361-24363, 25441, and 25446.

(3) The DGMC STSF catchment area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within TRICARE Region 10 in California that fall within a 200-mile radius of DGMC. See [Section I.D.](#) of this Chapter.

(4) Effective for admissions on or after June 1, 1999, DoD beneficiaries who reside in the DGMC STSF catchment area must be evaluated by DGMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [Section IV.A.6.a.\(2\)](#), of this Chapter. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by DGMC as provided in [Section I.C.](#) of this Chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to DGMC.

Specialized Treatment Services

IV.A.6.a.(5)

(5) *If the STS cannot be provided at DGMC, the facility will provide a medical necessity review prior to issuance of a Nonavailability Statement. Also, see the NOTE under Section III.A.9. of this Chapter.*

B. Multi-Regional STSs

1. Regions 1 and 2

a. Walter Reed Army Medical Center (WRAMC) and National Naval Medical Center (NNMC) *for Cardiac Surgery*

(1) WRAMC STSF Telephone Numbers: *1-800-759-8888 PIN 1653887.*

(2) NNMC STSF Telephone Numbers: *1-800-759-8888 PIN 1701717.*

(3) The WRAMC, Washington, D.C., and NNMC, Bethesda, Maryland (both located within Region 1), are designated as multi-regional STSFs for cardiac surgery for Regions 1 and 2.

CPT-4 Procedure Code Range:

Effective October 1, 1997, for codes:

33010-37799 (cardiovascular system) excluding code 36400-36600

DRG Range:

Effective October 1, 1997, for DRGs:

104 - Cardiac valve procedure with cardiac cath

105 - Cardiac valve procedure without cardiac cath

106 - Coronary bypass with *PTCA*

107 - Coronary bypass with cardiac cath

108 - Other cardiothoracic procedures

109 - Coronary bypass without cardiac cath

110 - Major cardiovascular procedures with cardiac cath

111 - Major cardiovascular procedures without cardiac cath

(4) The Region 1 multi-regional STSF catchment area covering TRICARE Regions 1 and 2 is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. As of October 1, 1997, the catchment area includes zip codes within TRICARE Regions 1 and 2 in the District of Columbia and the states of Delaware, Maryland, New Jersey, New York, North Carolina, Pennsylvania, Virginia and West Virginia that fall within a 200-mile radius of the midpoint of a line between WRAMC and NNMC. The zip codes may change with each update of the STSF Catchment Area Directory. See [Section I.D.](#) of this Chapter.

(5) Effective for admissions on or after October 1, 1997, all DoD beneficiaries who reside in the multi-regional STSF catchment area for Region 1 which includes participation by Region 2 must be evaluated by WRAMC or NNMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [Section IV.B.1.a.\(3\)](#) of this Chapter. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by WRAMC or

NNMC as provided in [Section I.C.](#) of this Chapter. It is possible to conduct the evaluation telephonically if the patient cannot travel to WRAMC or NNMC.

(6) If the STS cannot be provided at WRAMC or NNMC, the contractor having jurisdiction for the beneficiary's Region will provide a medical necessity review to support issuance of an STSF NAS by WRAMC or NNMC. *Also, see the **NOTE** under [Section III.A.9.](#) of this Chapter.)*

2. Regions 1, 2, and 5

a. Walter Reed Army Medical Center (WRAMC) for Liver Transplants

(1) *WRAMC STSF Telephone Number: 1-800-759-8888 PIN 1652767.*

(2) *WRAMC, Washington, D.C., is designated the multi-regional STSF for liver transplants for Regions 1, 2, and 5 for the following DRG and CPT codes:*

*DRG:
Effective June 1, 1999, for DRG:
480 - Liver Transplant*

*CPT-4 Procedure Code Range:
Effective June 1, 1999, for codes:
47134, 47135 and 47136*

(3) *The WRAMC STSF multi-regional catchment area for liver transplant covering TRICARE Regions 1, 2, and 5 includes all zip codes within those TRICARE Regions.*

(4) *Effective for admissions on or after June 1, 1999, DoD beneficiaries who reside in TRICARE Regions 1, 2, or 5 and require liver transplantation, DRG 480, CPT codes 47134, 47135 or 47136, must be evaluated by WRAMC before receiving a liver transplant under TRICARE cost-sharing. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by WRAMC as provided in [Section I.C.](#) of this Chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to WRAMC.*

(5) *If the liver transplant cannot be performed at WRAMC, the facility will provide a medical necessity review prior to issuance of a Nonavailability Statement (NAS). Prior to issuance of an STSF NAS, WRAMC will ensure that the liver transplantation criteria in the Policy Manual, Chapter 3, Section 8.5 are met. Also see the **NOTE** under [Section III.A.9.](#) of this Chapter.*

C. National STSFs

1. Liver Transplantation

Effective for admissions on or after February 20, 1998, this [Section IV.C.1.](#) does not apply.

Specialized Treatment Services

IV.C.1.a.

a. On July 15, 1996, the Air Force Wilford Hall Medical Center (WHMC), Lackland AFB, Texas, was designated the national STSF for liver transplantation (excluding living-related donor liver transplantation (LRDLT)). On the same date, Walter Reed Army Medical Center (WRAMC), Washington, DC, was designated as a collaborating STSF for liver transplantation (excluding LRDLT).

b. Effective for admissions on March 1, 1997, through February 19, 1998, DoD beneficiaries who reside in the continental United States (i.e., 48 contiguous states and the District of Columbia) and require liver transplantation, DRG 480, CPT codes 47133, 47135 (excluding LRDLT) and 47136 (excluding LRDLT), or ICD-9-CM procedure codes 50.51 (excluding LRDLT) and 50.59 (excluding LRDLT), must be evaluated by WHMC or WRAMC before receiving a liver transplant under the TRICARE cost-sharing. Evaluation in person is preferred, and travel and lodging costs shall be reimbursed by the STSF in accordance with Section I.C. of this Chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to WHMC or WRAMC.

c. If the liver transplant cannot be performed at WHMC or WRAMC, WHMC will provide a medical necessity review to support its issuance of an STSF NAS. Prior to issuance of an STSF NAS, WHMC will ensure that the liver transplantation criteria in the Policy Manual, Chapter 3, Section 8.5 are met.

NOTE:

An STSF NAS shall not be issued for a TRICARE Prime enrollee even when the beneficiary uses the Point of Service option. The Prime enrollee must have the STS preauthorized by the Health Care Finder having jurisdiction for the enrollee's Region. The Health Care Finder shall first determine whether space is available at WHMC or WRAMC prior to authorizing care. The authorization shall specify whether the care is authorized from WHMC, WRAMC, a network provider or a non-network provider. Also, see the NOTE under Section III.A.9. of this Chapter.

d. WHMC STSF Telephone Number: (210) 292-5560 or 7895.

e. WRAMC STSF Telephone Number: (202) 782-6462.

2. Bone Marrow Transplantation

a. On March 15, 1997, the Wilford Hall Medical Center (WHMC), Lackland AFB, Texas, was designated the national STSF for allogeneic bone marrow transplantation.

b. Effective for admissions on or after October 1, 1997, all DoD beneficiaries who reside in the continental United States (i.e., the forty-eight (48) contiguous states and the District of Columbia) and require allogeneic bone marrow transplantation, DRG 481, ICD-9-CM procedure code 41.03 (CPT code 38240), must be evaluated by WHMC before receiving an allogeneic bone marrow transplant under the TRICARE cost-sharing, except for those beneficiaries participating in DoD's demonstration project involving Phase II or Phase III clinical trials sponsored by the National Cancer Institute, as provided in Chapter 20, Addendum C. of this Manual. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by WHMC as

provided in [Section I.C.](#) of this Chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to WHMC.

c. If the allogeneic bone marrow transplant cannot be performed at WHMC, this facility will provide a medical necessity review to support its issuance of an STSF NAS. Prior to issuance of an STSF NAS, WHMC will ensure that the allogeneic bone marrow transplantation criteria in the [Policy Manual, Chapter 3, Section 6.1](#) are met.

NOTE:

*An STSF NAS shall not be issued for a TRICARE Prime enrollee even when the beneficiary uses the Point of Service option. The Prime enrollee must have the STS preauthorized by the Health Care Finder having jurisdiction for the enrollee's Region. The Health Care Finder shall first determine whether space is available at WHMC prior to authorizing care. The authorization shall specify whether the care is authorized from WHMC, a network provider or a non-network provider. Also, see the **NOTE** under [Section III.A.9.](#) of this Chapter.*

d. WHMC STSF Telephone Number: (210) 292-7080 or (210) 292-7391.

3. Kidney Transplantation

a. *Walter Reed Army Medical Center (WRAMC), Washington, DC, is designated the national STSF for Kidney Transplantation for the following DRG and CPT codes.*

DRG:

Effective June 1, 1999, for DRG:

302 - Kidney Transplant

CPT-4 Procedure Code Range:

Effective June 1, 1999, for codes:

50300, 50320, 50340, 50360, 50365, 50370, and 50380

b. *Effective for admissions on or after June 1, 1999, DoD beneficiaries who reside in the continental United States (i.e., the 48 contiguous states and the District of Columbia) and require kidney transplantation, DRG 302, must be evaluated by WRAMC before receiving a kidney transplant under the TRICARE cost-sharing. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by WRAMC as provided in [Section I.C.](#) of this chapter. It is possible to conduct the evaluation telephonically if the patient is unable to travel to WRAMC.*

c. *If the kidney transplant cannot be performed at WRAMC, the facility will provide a medical necessity review prior to issuance of an STSF NAS. Also, see the **NOTE** under [Section III.A.9.](#) of this Chapter.*

d. *WRAMC STSF Telephone Number: 1-800-759-8888 PIN 1652949.*